



# **Division Directives**

**Fiscal Year 2018**

**March 2017**

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# DSAMH FY2018 DIRECTIVES

- I. The Local Authority shall refer to the contract, state and federal statute and Administrative Rule to comply with all of the requirements attached to the funding in these contracts. The directives are intended to be additional requirements that are not already identified in the contract, state and federal statute and Administrative Rule. These directives shall remain in effect from July 1, 2017 through June 30, 2018. The Local Authority shall comply with the directives, as identified below.

## A. GOVERNANCE AND OVERSIGHT

- i. As required by statute, all Local Authorities must prepare and submit to the Division a plan approved by the county legislative body for funding and service delivery. For FY2018, the required Area Plan from all Local Authorities will consist of forms the Division has developed for Mental Health (Forms A, A1 & A2), Substance Use Disorder Treatment (Form B), and Substance Use Disorder Prevention (Form C). Each budget and narrative form has been prepared in an electronic format. Do not change any of the formats or formulas. All forms must be submitted in the original format or they will be returned to the Local Authority for resubmission. The forms require specific information that is applicable to each program. DSAMH will review the forms with the Local Authority staff and provide instructions on completing them electronically during the annual UBHC conference to be held Wednesday, March 30, 2017. The financial information of each form will be assessed by the Division and compared to each Local Authority's audited financial statements.
- ii. The Area Plan packet must include the completed Forms A, A1, A2, B, C, D and the required fee policy and fee schedule, pursuant to Administrative Rule Section R523-1-5. The Area Plan packet must be received by DSAMH by May 1, 2017 through the electronic medium designated by the Division.
- iii. All Local Authorities shall complete specific year-end reports that must be submitted to the Division no later than August 30, 2017. The forms will be provided to the Local Authorities no later than 45 days prior to the due date. The reports must be completed with the most recent actual fiscal data available.
- iv. The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and within twenty-five (25) percent of their previous year actual cost per client. If the Local Authority does not fall within the overall average cost, the Division will contact the Local Authority to discuss whether or not accurate data has been submitted. If the data is not accurate, the Local Authority will resubmit the correct financial or cost data. Client data cannot be changed for the prior year after August 15th. If the data is correct, the Local Authority shall identify and explore reasons for the outliers and provide rationale for the outliers through area plan or another written

response.

- v. The Local Authority shall provide an organization chart/listing of staff and subcontractors. Organizational chart shall include prevention and recovery support staff. A separate attachment shall include the discipline/position of each individual and percentage of time devoted to administrative and clinical work (FTE).
- vi. Monitoring reports for FY2018 may contain findings and/or further discussion narrative resulting from any red and yellow scores on the Substance Use Disorder Treatment Scorecard, the Mental Health Youth and Adult Scorecard, Consumer Satisfaction Scorecard, and the Client Cost Report. A green score will be regarded as a positive outcome.
- vii. DSAMH will use the following definitions in the monitoring process:
  - a. **Compliance:** DSAMH has reviewed and verified that the Local Authority or its designees' performance is sufficient and that it meets the requirements of service delivery and provisions within the contract.
  - b. **Corrective Action:** The use of this contractual compliance term requires 1) a written formal **Action Plan** to be developed, signed, and dated by the Local Authority or its designee; 2) acceptance by DSAMH evidenced by the dated signature of the Division director or designee; 3) follow-up and verification actions by DSAMH; and 4) a formal written notification of a return to compliance by the Local Authority or its designee. This notification shall be provided to the Bureau of Contract Management (BCM), the Office of Inspector General (OIG) with a copy placed in the files maintained by DSAMH Administration.
  - c. **Action Plan:** A written plan sufficient to resolve a non-compliance issue identified by Division reviewers. The development of the plan is the primary responsibility of the Local Authority or its designee. Each corrective action plan must be approved by Division staff and should include a date by which the Local Authority will return to compliance. This completion date and the steps by which the corrective action plan will return the Local Authority to contract compliance must be specific and measurable. Each action plan must also include the person(s) responsible to ensure its completion. If requested, the Division will provide technical assistance and guidance in its formulation.
  - d. **Recommendation:** The Local Authority or its designee is in compliance. DSAMH will use this term to make a best practice or technical suggestion. The Local Authority is encouraged to implement the suggestion, however implementation is not required.
  - e. Each performance inadequacy will be classified according to one of the

following classification levels:

1. **Major Non-Compliance**: Major non-compliance is an issue that affects the imminent health, safety, or well-being of individuals and requires immediate resolution. Non-compliance at this level will require **Corrective Action** sufficient to return the issue to compliance within 24 hours or less. The Division of Substance Abuse and Mental Health's response to a major non-compliance issue may include the removal of clients from the current setting into other placements and/or contract termination.
  2. **Significant Non-Compliance**: Significant non-compliance is: 1) non-compliance with contract requirements that do not pose an imminent danger to clients but result in inadequate treatment and/or care that jeopardizes the long-term well-being of individual clients; or, 2) non-compliance in training or required paperwork/documentation that is so severe or pervasive as to jeopardize continued funding to the Department and to the Local Authority or its designee. Non-compliance at this level will require that **Corrective Action** be initiated within 10 days and compliance achieved within 30 days.
  3. **Minor Non-Compliance**: Minor non-compliance, is a non-compliance issue in contract requirements that is relatively insignificant in nature and does not impact client well-being or jeopardize Department or Local Authority funding. This level of non-compliance requires **Corrective Action** be initiated within 15 days and compliance achieved within 60 days.
  4. **Deficiency**: The Local Authority or its designee is not in full contract compliance. The deficiency discovered is not severe enough nor is it pervasive enough in scope as to require a formal action plan. DSAMH will identify the deficiency to the Local Authority or its designee and require the appropriate actions necessary to resolve the problem by a negotiated date. This informal plan and negotiated resolution date shall be included as a narrative in the monitoring report response. DSAMH will follow-up to determine if the problem has been resolved and will notify the Local Authority or its designee that the resolution has been achieved by the negotiated date. If the Local Authority or its designee fails to resolve the identified deficiency by the negotiated date, formal **Corrective Action** will be required.
- viii. The Local Authority shall perform annual subcontractor monitoring, as outlined in the DHS Contract, utilizing a formalized monitoring tool that describes each area of the review and its outcome.
- a. The Local Authority will include copies of current insurance certificates, as outlined in contract, with each subcontractor file.
  - b. The Local Authority will ensure that subcontracted providers have current licenses, certifications, BCI checks and conflict of interest forms by one of the

following methods:

1. keeping physical copies
  2. through the Medicaid credentialing process
  3. annual subcontractor monitoring
  4. another monitoring report in the past year that has verified these items.
- c. The Local Authority will provide documented assurance that this step has been completed upon request from DSAMH. If the Local Authority subcontracts with a Managed Care Organization (MCO) to secure provider services, either the Local Authority or its subcontracted MCO must comply with this section.
- ix. For each site visit, 10-20 random client numbers will be provided by the Division for chart review. Additional charts may be requested by the monitoring teams to be pulled by the Local Authority for specific populations or areas of concern.
- x. The walk-through and review results from FY2016 and FY2017 will be used in FY2018 to help initiate an access related change project as outlined by the NIATx change process at <http://www.niatx.net/Home/Home.aspx>, or similar structured change model.
- xi. Each Local Authority will provide an electronic copy of their annual PMHP Financial Report (Medicaid Cost Report) to the Division as it is submitted to the Department of Health.
- a. Local Authorities will provide DSAMH with the initial submission and also the finalized version of the report after it has been accepted and finalized by Medicaid.
  - b. All sections and schedules of the report must be completed (e.g. Sch 1A WC).
- xii. Wherever possible, justification for payment of funds shall be determined by the Current Procedural Terminology Codes (CPT) used in the Local Authorities' Electronic Health Record (EHR) and the rate determined in their most recently approved Medicaid Cost Report. For services where CPT codes are not used, DSAMH will develop separate standards for justifying payment that may include direct labor and/or current expense costs. In these cases, the Local Authority is responsible to demonstrate that any overhead costs allocated to these non-CPT code expenses are consistent with the overall cost allocation plan (CAP) used by the Local Authority. Where a Medicaid Cost Report has been done, this report becomes the CAP of record for the Local Authority.
- xiii. The Local Authorities shall receive payment via Electronic Funds Transfer (EFT) from the Division. It is the responsibility of each Local Authority to apply for

EFT payment services from the Utah Department of State Finance and to notify DSAMH if a payment is received via check from DSAMH.

- xiv. Invoices shall be submitted to DSAMH monthly via electronic billing system established by the Division. Invoices for services shall be submitted by the Local Authorities monthly, dividing billing into discrete calendar month blocks where applicable. Local Authorities shall use electronic billing submission systems provided by the State where applicable and available. DSAMH shall continue to work towards efficiencies to provide payments back within agreed time frames.

**B. COMBINED MENTAL HEALTH AND SUBSTANCE USE DISORDER DIRECTIVES.**

- i. Each client shall have a strength-based assessment. (Please note that when the client is a child or youth, the word client also refers to the parent/guardian.) The current version of the approved Utah Preferred Practice Guidelines shall be the preferred standard for assessments, planning and treatment. At a minimum assessments, planning and treatment shall comply with the Medicaid Provider Manual and current Administrative Rule as described in R523.
- ii. Local Authority Clinical Records will be reviewed using the approved checklist which will be provided to each Local Authority prior to their site visit. The approved checklist shall be cross checked with the Office of Licensing chart monitoring tools and other regular monitoring tools and results from related monitoring reports from the previous year may be referenced to avoid duplication of effort.
- iii. Participation with key community partners (e.g.: Multi-Agency Coordinating Committees, System of Care Committees, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committee, Peer Advocacy Groups or other partnership groups relevant in individual communities). Participation will be evidenced through stakeholder feedback, applicable records (minutes, communication) and program manager discussions.
- iv. Local Authorities shall continue to establish and/or expand Adult and Children, Youth and Family Peer Support Services. Certified Peer Specialists and Family Resource Facilitators who are employed with the local authorities are to be integrated meaningfully into all levels of agency process and service, effectively utilizing peer and family voice. Local Authorities shall seek ways to maximize effective on-going training for peers and peer supervisors specific to the unique make up, resources and structure of each local area.
- v. Suicide prevention, intervention and postvention: During FY2018, Local Authorities will continue to implement, monitor and report on their plans.

- a. Records must contain a safety/crisis plan when clinically indicated which can be quickly and easily accessed and updated as needed.
  - b. Local Authorities shall develop a plan for coordination of follow up care based on best practices with inpatient and emergency department services for clients being treated for a suicide related event.
- vi. Local Authorities will promote integrated programs that address an individual's substance use disorder, mental health, physical health, and criminal risk factors as described in UCA 62A-15-103(2)(vi). Local Authorities will use a Holistic Approach to Wellness and will:
  - a. Identify tobacco use in the assessment.
  - b. Provide services in a tobacco free environment.
  - c. Provide appropriate tobacco cessation services and resources (including medication).
  - d. Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB.
  - e. Provide training for staff in recognizing health issues.
  - f. Provide information to clients on physical health concerns and ways to improve their physical health.
  - g. Incorporate wellness into individual person-centered Recovery Plans.
- vii. Drug Testing Program Requirements: All drug testing conducted by DSAMH, Local Substance Abuse Authorities, Local Mental Health Authorities or contractors, vendors, programs, shall comply with the requirements outlined in Section C: SUBSTANCE USE DISORDER TREATMENT SERVICES of the Division Directives, until new Administrative Rule for drug testing is adopted at which time the Administrative rule shall supercede this section of the Directives.
- viii. Justice Reinvestment Initiative: Identify and engage key stakeholders in a local planning and implementation process centered around:
  - a. Language in Utah Code to establish and promote an evidence-based continuum of screening, assessment, prevention, treatment, and recovery support services in the community for individuals with substance use disorder and mental illness that addresses criminal risk factors and reduces recidivism to Jail and Prison.
  - b. Local Authorities shall collaborate with local key stakeholders to enhance a



statewide comprehensive continuum of community-based services designed to reduce criminal risk factors for individuals who are determined to have substance use disorder or mental illness conditions or both, and who are involved in the criminal justice system. Stakeholders should include but not be limited to Courts (including any appropriate Specialty Courts), Corrections, Adult Probation & Parole, County Jail(s), County Attorney(s), County Commissioner(s), Legal Defender(s), Treatment Providers, Prevention Coordinators and other advocates or interested parties while including collaboration with DSAMH.

- c. At a minimum, Local Authorities will comply with Utah Administrative Code R-523-4 Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System. Local Authorities shall strive to apply Utah Preferred Practice Guidelines to enhance care in local system to optimum levels within resources. DSAMH shall provide support and Technical Assistance towards the Preferred Practice Guidelines whenever possible.
- ix. Juvenile Justice Reform: [HB 239 Juvenile Justice Amendments](#) outlines changes to the Juvenile Justice System. DSAMH encourages LMHA and LSAA participation in State and Local juvenile justice reform efforts.
- x. Recovery Support Services (RSS): RSS include culturally and linguistically appropriate services that assist individuals and families working toward recovery from mental and/or substance use problems. They incorporate a full range of social, legal, and other services that facilitate recovery, wellness, and linkage to and coordination among service providers, and other supports shown to improve quality of life for people in and seeking recovery and their families.
  - a. RSS also include access to [evidence-based practices](#) such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services. RSS may be provided before, during, or after clinical treatment or may be provided to individuals who are not in treatment but seek support services. These services, provided by professionals and peers, are delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services.
  - b. All RSS services provided by the Local Authorities shall be documented and reported in the Substance Abuse Mental Health Information System (SAMHIS) recovery support data specifications file as indicated in the data specs and as approved and directed by the Division.
  - c. Billing Requirements: Services shall be reimbursed based on the approved service rates listed in the most current RSS manual located on the Division website at <http://dsamh.utah.gov>. Services that are provided outside of the

approved list of services will not be reimbursable. Invoices submitted for billing must be submitted monthly through the DSAMH Kissflow system. Each RSS funding program must be submitted separately and in accordance to the appropriate funding program code.

- x. Utah Behavioral Health Planning & Advisory Council (UBHPAC). Each local authority shall ensure regular attendance at the monthly UBHPAC meetings, preferably a peer representative but may be a citizen representative from their respective area.
- xii. Each Local Authority shall build capacity within their area related to workforce, stigma reduction, prevention, harm reduction, and the readiness of community stakeholders to use evidence based practices to address mental health and substance misuse in their community. For additional information on capacity building see Section E(ii)(b) of Division Directives.

### C. MENTAL HEALTH SERVICES

- i. Local Authorities shall use the "unfunded" State General Funds dedicated to children, youth and adults with mental illness with no funding available in the following manner.
  - a. Each Local Authority is required to spend their portion of the "unfunded" allocation serving unfunded clients. These funds are subject to the County 20% match requirement.
  - b. This money may not be used for Medicaid match, for services not paid for by Medicaid for a Medicaid client, emergency services or inpatient services.
- ii. Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart (excluding children age five and under).
- iii. In accordance with 62A-15-105.2. **Employment First emphasis on the provision of services.** Supported Employment includes recipient choice, integration with mental health treatment, and individualized follow along services. When providing services to a recipient, the local authority shall, in accordance with the requirements of federal and state law and memorandums of understanding between the division and other state entities that provide services to a recipient, collaboratively work with other agencies to promote providing services that assist an eligible recipient in obtaining and retaining competitive, integrated, meaningful and gainful permanent employment that enables the recipient to earn sufficient income to:
  - a. purchase goods and services;

- b. establish self-sufficiency; and
  - c. exercise economic control of the recipient's life.
- iv. Local Authorities will utilize Wraparound Facilitation (as defined by the Utah Family Coalition and/or Nationally accepted evidence based Wraparound Facilitation Definition) and Multi-Agency Collaboration in the provision of services for Children, Youth and Families. Evidence of compliance shall be determined by discussion with agency staff observed compliance Wraparound Facilitation as defined.
  - v. Participation in USH Adult and Children Continuity of Care meetings. Written children's outplacement requests are submitted to DSAMH by the LMHA representative for each individual client and then requests are presented at the Continuity of Care meeting. Funding is awarded by committee vote with DSAMH approval. The ultimate decision regarding the use of Outplacement Funds rests with the Children's Behavioral Health Assistant Director.
  - vi. Mental Health Early Intervention (MHEI) Funding is for children and youth who may or may not have a Serious Emotional Disturbance (SED) designation, but are at risk to become so without early intervention services. Service provision is limited to Family Resource Facilitation, Mobile Crisis Teams, and School-Based Behavioral Health. This legislative funding requires the tracking of spending and outcomes related to each service provision, per legislative intent language and requires quarterly completion of the attached MHEI Quarterly Data and Annual Outcomes Report. Funds will be allocated on formula and are subject to County 20% match requirement. TANF funds focused on School Based Behavioral Health for counties with the highest rates of intergenerational poverty shall be allocated according to the previous schedule and track by the local authority and submitted to the Division.

**D. SUBSTANCE USE DISORDER TREATMENT SERVICES**

- i. Local Substance Abuse Authority treatment programs shall provide Naloxone education, training and assistance to individuals with opioid use disorders and when possible to their families, friends, and significant others.
- ii. Funds allocated by DSAMH shall not be expended by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine).

- a. Clients shall be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder.
  - b. Medications available by prescription or office-based implantation shall be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider.
  - c. In all cases, MAT shall be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial.
  - d. Entities in receipt of funds shall assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.
- iii. Drug Courts:
- a. Drug Courts shall comply with the following requirements:
    - 1. All Drug Courts shall be certified by the Administrative Office of the Courts in accordance with Utah Judicial Council Rule 4-409, and retain certification throughout the contracted period. This rule is available online at: <http://www.utcourts.gov/resources/rules/ucja/ch04/4-409.htm>
    - 2. All Drug Courts shall serve participants identified as High Risk/High Need by using a validated criminogenic risk tool.
    - 3. Documentation of High Risk/ High Need shall be placed/ maintained in each participant's clinical record.
    - 4. Drug Court Service Reports or any alternative data collection system adopted by DHS/DSAMH are to be submitted annually, and as requested to the DHS/DSAMH Justice Program Manager.
    - 5. All participant fees related to Drug Court participation (treatment, case management, drug testing, Court fees etc.) shall be disclosed to individuals prior to their admission.
      - (a) All fees shall be based on the fee policy and fee schedule approved by the local authority.
      - (b) Copies of the fee schedule and the fee reduction policy shall be submitted to DHS/DSAMH and the Administrative Office of the Courts (AOC) as part of the LSAA Area Plan each year.
    - 6. Consistent with ii above, have no prohibitions against Medication Assisted Treatment (MAT) or a requirement to be abstinent from medications used in addiction treatment in order to enter drug court, progress or complete drug court.
    - 7. Ensure each Drug Court program team member, who interacts or has decision-making authority regarding the participants of the Drug Court

process; attend a minimum of eight hours of continuing education per year. The continuing education shall have a focus on substance use disorders.

8. If a Drug Court participates in an evaluation or research as part of a federal grant, the Drug Court shall submit a copy of the evaluations and research to the DHS/DSAMH Justice Program Manager within 90 days of completion of the evaluation and research.
9. Drug Court funds shall be used for treatment, case management, recovery support and drug testing expenses.
10. DHS-DSAMH Drug Court funds shall not be used to pay for law enforcement, tracking or supervision conducted by law enforcement officers.
11. Drug Courts shall ensure that participants meet with the Department of Workforce Services and/or health care navigators to determine eligibility for Medicaid, other public insurance or commercial insurance.
12. Drug Court Funding will be determined in accordance with statute by the Director of the Department Human Services the Director of the Department of Corrections and the State Courts Administrator.

iv. Drug-Related Offenses Reform Act (DORA)

a. Funds Available and Allowable Uses

1. Funds appropriated by the Legislature for DORA are not subject to any matching requirement.
2. DORA funds may not be used to replace or supplant funds from other sources that have been appropriated for the same purpose.

b. Evidence-based Treatment Requirement

1. Services shall adhere to the standards prescribed in R523-4. Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System.
2. Services shall be provided by programs certified by the Division of Substance Abuse and Mental Health to provide treatment for persons involved in the criminal justice system.
3. Eligibility for DORA is based on the most current criteria approved by the USAAV+ Council.

v. Women's SAPTBG set aside:

- a. Funds shall be used to serve pregnant women, and women with dependent children in need of substance use disorder treatment.
- b. Funds may be used to provide: Treatment services at the I.0, II.1, II.5, III.1, III.3, and III.5 American Society of Addiction Medicine (ASAM) Levels of referCare, as defined in the American Society of Addiction Medicine's

(ASAM) Criteria 3rd Edition (ASAM);

- c. Funds may also be used to provide any of the following services:
  - 1. Gender-specific substance use disorder treatment and other therapeutic interventions for women that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting;
  - 2. Child-care while the women are receiving services;
  - 3. Therapeutic interventions for the children which may address their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect;
  - 4. Sufficient case management and transportation services to ensure the women and their children have access to the services listed above; and
  - 5. Regular Urinalysis (UA) testing;
  - 6. Ongoing assessment of the children who are in the mothers and children's programs that will include, but not be limited to: developmental adjustment; motor skills; cognitive skills; health, including immunization history; interaction with mother and other adults; language and general affect.
- vi. Women's Funds.
  - a. Funds shall be used to provide evidence-based treatment and/or recovery support services for women. Priority shall be given to women referred or involved with the Utah Division of Child and Family Services.
- vii. Opioid Treatment and Recovery Support Funds:
  - a. DSAMH shall allocate a portion of the federal Opioid STR grant funds to the LSAA's on formula and may allocate additional funds based on demonstrated need for provision of evidence-based treatment and recovery supports services for individuals with opioid use disorders (OUD).
  - b. LSAAs shall demonstrate that services are consistent with all grant requirements, and funds expand current capacity.
  - c. DSAMH shall require each LSAA to submit with the FY2018 Area Plan a local needs assessment, detailed description of planned services and a budget.
  - d. Allowable uses for this funding will be limited to:
    - 1. Services provided by federally certified Opioid Treatment Programs (OTP) to individuals with OUD.
    - 2. Services provided by Office Based Treatment providers to treat OUD using MAT.
    - 3. Provision of evidence based-behavioral therapies for individuals with OUD.
    - 4. Support innovative telehealth in rural and underserved areas to increase

- the capacity of communities to support OUD prevention and treatment.
5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of MAT, i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions.
  6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
  7. Enhance or support the provision of peer and other RSS designed to improve treatment access and retention and support long-term recovery.
  8. Funds shall be allocated to LSAA's using the formula established in Administrative Rule.

E. **SUBSTANCE USE DISORDER PREVENTION SERVICES**

- i. Local Authority shall follow the Strategic Prevention Framework (SPF) developed by the Substance Abuse Mental Health Services Administration (SAMHSA) to implement comprehensive community level prevention systems within their area. DSAMH encourages LSAA to utilize the Communities that Care model to meet this directive.
- ii. Local Authority shall produce a comprehensive Strategic plan that includes narrative describing actions to complete the following:
  - a. Assess local prevention needs based on epidemiological data. This assessment shall include the most current Student Health and Risk Prevention Survey (SHARP) data and additional local data.
    1. Assessments shall be done at minimum every two years. Assessments shall be reviewed at least annually and amendments made as necessary.
    2. Identify process used to prioritize consumption behaviors, risk and protective factors and outcomes.
    3. Describe community readiness, available resources, strengths and gaps.
    4. Resources that shall be used to perform the assessment include, but are not limited to:
      - (a) <http://bach-harrison.com/utsocialindicators.html>
      - (b) <http://ibis.health.utah.gov>
      - (c) [Community Readiness surveys, such as http://triethniccenter.colostate.edu/docs/CR\\_Handbook\\_8-3-15.pdf](http://triethniccenter.colostate.edu/docs/CR_Handbook_8-3-15.pdf)
      - (d) Communities that Care, Community Assessment Training (CAT)

- b. Build prevention capacity within their area. The key components of capacity building include:
  - 1. Increasing the availability of fiscal, human, organizational, and other resources.
  - 2. Raising awareness of substance use disorder and other related problems and readiness of stakeholders to use evidence based prevention to address these problems.
  - 3. Readiness of stakeholders to use evidence-based prevention to address these problems.
  - 4. Strengthen existing partnerships and/or identify new opportunities for collaboration. Some activities include but are not limited to:
    - (a) Building coalitions
    - (b) Training, including travel/conferences
    - (c) Engaging community stakeholders
    - (d) Educating service providers
  - 5. Developing and preparing the prevention workforce by ensuring that all prevention personnel (excluding support staff), including contracted staff, are certified in the Utah Substance Abuse Prevention Specialist Training (SAPST) or credentialed and in current standing with International Certification & Reciprocity Consortium (IC&RC).
  - 6. Identify all trainings needed and planned to complete in current fiscal year.
  - 7. Prevention workers have completed all necessary certification and training requirements for the programs they implement and deliver.
    - (a) List all staff/contractors and certifications for programs, including dates of training and certification.
- c. Develop a strategic plan that is comprehensive, logical and data driven to address the problems identified during assessment with the current and future capacity developed. Post this plan publicly.
  - 1. There shall be a minimum of one (1) strategic plan per LSAA. Within the plan, LSAAs shall identify prioritized communities. Each prioritized community shall have a strategic plan.
  - 2. LSAAs Strategic plan shall include how the LSAA will work with and support coalitions in their strategic plan.
- d. Ensure that effective, evidence based community prevention programs, policies and practices are being implemented with high- fidelity as defined in the Communities of Care model, Community Plan Implementation Training Module 3  
([http://www.sdrg.org/ctcresource/Community%20Plan%20Implementation%20Training/Trainer%20Guide/CPIT\\_TG\\_mod3.pdf](http://www.sdrg.org/ctcresource/Community%20Plan%20Implementation%20Training/Trainer%20Guide/CPIT_TG_mod3.pdf) ).
  - 1. LSAAs will identify tools or techniques to ensure high fidelity of implementation of prevention programs, policies and practices.



- e. Use DSAMH approved logic models as the basis for the evaluation plan and to demonstrate expected short and long term outcomes for each policy, practice and/or program implemented. Logic models shall also collect target populations and brief descriptions of programs, policies, and practices. Review and update as needed.
- f. Submit an annual report by November 15th of each year that summarizes performance of prevention programs policies and strategies based on the short and long term outcomes identified in the approved logic models.
- g. All LSAAAs will receive SAPT Block Grant and all prevention discretionary grant funding via allocation letters at the beginning of each fiscal year. Each LSAA shall spend a minimum of 30% of SAPT Block Grant funds on prevention policies, programs, strategies, and administration. A budget for all prevention discretionary funding must be submitted. All expenditures must adhere to OMB Circular A-87 spending and grant reporting requirements for use of federal funds to determine all costs and reimbursements with DSAMH. A copy of the OMB document will accompany these directives.
- h. Use principles as outlined in the NIDA Research Guide for Preventing Drug Use Among Children and Adolescents (Redbook) as a guide for implementing the Strategic Prevention Framework.  
[http://www.drugabuse.gov/sites/default/files/preventingdruguse\\_2.pdf](http://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf)
- i. Increase the number of evidence-based policies, programs and strategies to a standard of 90%. The remaining 10% of prevention policies, programs and strategies are to be research informed with a plan to be submitted to Evidence Based Workgroup (EBW) within one year.
  - 1. The evidence- based policies, programs and strategies shall be broken down as follows:
    - (a) A minimum of 90% of the policies, programs and strategies shall be tier 3 or 4 per PART, or be programs listed on a national evidenced based registry approved by DSAMH.
    - (b) A maximum of 10% of the policies, programs and strategies may be tier 1 or 2 per the program assessment rating tool Program Assessment Rating tool (PART). PART is available on the DSAMH website.

**F. MENTAL HEALTH AND SUBSTANCE USE DISORDER DATA**

- i. Substance Use Disorder and Mental Health Data Reporting Deadlines
  - a. All information and outcomes system data are to be submitted electronically.
  - b. Providers will submit the substance use disorder “Treatment Episode Data

Set” (TEDS) and/or the mental health “Mental Health Event Data Set” (MHE), Recovery Support Services (RS) and Indicated Prevention (IP) data monthly for the prior month (on or before the last day of every month).

- ii. Substance Use Disorder Mental Health, and Indicated Prevention Data and Outcome Reporting Requirements
  - a. The Information System Data Set for Mental Health is the MHE.
  - b. The Information System Data Set for Substance Use Disorders is the TEDS.
  - c. The Information System Data Set for Recovery Support Services is the RS.
  - d. The Information System Data Set for Indicated Prevention is IP.
  - e. MHE, TEDS and RS Data Specifications are available for download from the DSAMH Substance Abuse Mental Health Information System (SAMHIS) and from the DSAMH website at <http://dsamh.utah.gov/data/data-specifications/>. IP data specifications will be vetted through PDC and available prior to the start of the fiscal year.
  - f. Electronic submissions must be made through the SAMHIS file utility app, or other method as instructed by DSAMH staff.
  - g. Outcomes system data includes:
    - 1. Adults:
      - (a) OQ<sup>®</sup> 45.2 - Adult Outcome measure (ages 18+);
      - (b) OQ<sup>®</sup> 30.0 – Adult Outcome measure (ages 18+);
      - (c) SOQ<sup>®</sup> 2.0 - SPMI Outcome instruments (self or clinician); and
      - (d) Mental Health Statistical Improvement Program (MHSIP) Consumer Survey.
    - 2. Children/Youth:
      - (a) YOQ<sup>®</sup> 30.1;
      - (b) YOQ<sup>®</sup> 2.01 - Youth Outcome measure (ages 4-17);
      - (c) YOQ<sup>®</sup> 2.01SR - Youth Outcome measure (ages 12-18);
      - (d) YOQ<sup>®</sup> 30.1 - Omni form Youth Outcome measure (ages 4-17); and
      - (e) YOQ<sup>®</sup> 30.1SR Omni form Youth Outcome measure (ages 12-18).
      - (f) Youth Satisfaction Survey (YSS) Consumer Survey.
    - 3. Parents/Youth:
      - (a) Parents Satisfaction Survey: (YSS-F) Consumer Survey; and
      - (b) Youth Satisfaction Survey: (YSS) Consumer Survey.
  - h. OQ Measure instruments are to be completed in the OQ Analyst Hosted System (OQA-HS).
  - i. Data findings may result for substance use disorder providers when old open

non-methadone outpatient or intensive outpatient admissions, opened more than 2 years prior (and clients are no longer in service), account for more than 4% of clients served for a given fiscal year, or for any residential and/or detox admissions open for more than 2 years prior.

- j. Data findings may result if performance measures and/or scorecard results, used for contract monitoring, are determined to be inaccurately reported by the provider.
- k. Providers who contract out for services are required to report client service data to the Division for these clients regardless of where that service is being provided.
- l. With emphasis on Employment First, mental health providers will update employment status in event files in accordance with the published data specification.

iii. Adult and Youth Consumer Satisfaction Surveys

- a. The Mental Health Statistical Improvement Program (MHSIP) Method
  - 1. Introduction: The MHSIP is a self-report consumer satisfaction survey for adults in mental health and/or substance use disorder treatment. The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers.
  - 2. Data Collection Procedures: The MHSIP is a survey, available in English and Spanish. The MHSIP is given as a point-in-time convenience survey during the approved survey period (from December 1<sup>st</sup> through April 1<sup>st</sup> of every year). Instruments are to be completed electronically through the OQ Analyst System, through a website, or other method as instructed by DSAMH staff. Surveys administered after the approved time period will not be used in scoring and analysis. The surveys are given to adult substance use disorder and mental health consumers regardless of the modality of treatment or length of stay in treatment.
  - 3. Scoring and Data Analysis:
    - (a) Completed survey data is analyzed by DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
    - (b) A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.
    - (c) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.

- (d) Trend arrows on the scorecard will only indicate a trend upward or downward when there is a change in the score color.

b. YSS/YSS-F METHOD

1. Introduction: There are two parallel versions of the survey for youth in substance use disorder and/or mental health treatment, one for youth (YSS) and one for children and youth's parent or caregiver (YSS-F). The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers.
2. Data Collection Procedures: The YSS and YSS-F are surveys, available in English and Spanish. The YSS and YSS-F are given as point-in-time convenience surveys during the approved survey period (from December 1<sup>st</sup> through April 1<sup>st</sup> of every year). Instruments are to be completed electronically through the OQ Analyst System, through a website provided by DSAMH, or other method as instructed by DSAMH staff. Surveys administered after the approved time period will not be used in scoring and analysis. The YSS survey is given to open youth (ages 12-17) substance use disorder and/or mental health clients, regardless of the modality of treatment or length of stay in treatment. The YSS-F survey is given to the parent or caretaker of the children/youth consumer.
3. Scoring and Data Analysis:
  - (a) Completed survey data is analyzed by DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
  - (b) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
  - (c) A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.
  - (d) Trend arrows on the scorecard will only indicate a trend upward or downward when there is a change in the score color.
  - (e) Only youth 12-17 will be counted in clients served for the YSS, but all children/youth under the age of 18 will be counted in the client counts for the YSS-F.

iv. OQ/YOQ Requirements and Reporting Guidelines:

- a. DSAMH requires a 50% utilization rate for the LMHA for clients served in publicly funded programs. The instruments will require repeated administrations.

- b. DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).
- c. DSAMH recommends that for ease of internal monitoring of these minimum frequency requirements, and to increase clinical effectiveness, providers are encouraged to administer the instruments at every encounter for relevant services. The instruments are to be completed by the patient/consumer or by the parent/guardian for consumers under the age of 12.
- d. The OQ/YOQ should be included in and adopted as part of the standard intake and ongoing clinical protocol. DSAMH requires policy to be in place that prescribes the appropriate clinical response, follow-through, and patient, family, or guardian involvement for the empirical results of the OQ/YOQ.
- e. Scoring and Data Analysis:
  - 1. DSAMH will be a user of this system, similarly to LMHAs, and will obtain results directly from the OQ Analyst system. DSAMH will use results to evaluate program and patient treatment effectiveness. Aggregated results of data analysis and reporting will be shared with LMHAs and used to inform others regarding system effectiveness and clinical best practice.
  - 2. Clients who receive an assessment only service, or are served while in jail during the course of the reporting period, will be excluded from the client served denominator.
  - 3. Children 5 and under will be excluded from the client served denominator.
  - 4. LMHAs will be required to satisfy frequency requirements for a majority of the annual unduplicated number of clients served (denominator used for clients participating scorecard measure).
  - 5. LMHAs who do not satisfy the minimum frequency requirements for a majority of their annual unduplicated number of clients served may be reported in the scorecard as red and may receive a finding in the audit report.
  - 6. Client match rates must exceed 90% for the provider to be included in the outcome results. This will result in the provider not having results shown on the scorecard with insufficient data and may result in a finding. It is highly recommended that providers incorporate the client demographic Web Services Interface (WSI) into their Electronic Health Record (EHR) so identifying data items are kept accurate in the OQA system.
- v. Substance Use Disorder Universal and Selective Prevention Data: The Local Authority shall enter prevention data into the DSAMH approved system within 60 calendar days of the delivery of service.

**G. PERFORMANCE MEASURES**

- i. For all performance measures, the Division shall continue to work with ROSC and PDC in order to determine performance measures that will best represent a recovery-oriented system of care. Those measures shall be made available as soon as approved and communicated through ROSC, UBHC Directors, UBHC PDC and the UBHC Clinical Committee.
- ii. Mental Health Performance Measures:
  - a. The mental health scorecard shall be used to measure performance. Monitoring reports for FY2018 shall contain automatic findings resulting from any red scores, a yellow score shall indicate need for further review and a green (or black) score shall be reported as a positive outcome in the monitoring report.
  - b. Performance indicators on the scorecard will be reviewed with the centers by the Division during monitoring visits.
  - c. For successful performance, the Local Mental Health Authorities shall meet or exceed their previous year numbers, average, or percent (as applicable) for the following measures: Supported Employment; Percent Employed (full time, part time, or supported employment) divided by the number of clients in the workforce (full time, part time or supported employment and/or unemployed but seeking work); Enrolled/Attendance in School; Supported Housing; Clients Served; Unfunded Clients Served; Percent in Need Served; Percent in Need SPMI/SED Served and Clients Served in Jail/Justice Services. Providers are encouraged during FY2018 to focus on percent increase or decrease, during an annual reporting period, for the Mental Health National Outcome Measures (NOMs); (Clients Served, Employment, School Enrollment/Attendance, and Criminal Justice Involvement).
- iii. Substance Use Disorder Treatment Performance Measures FY2018: Achievement of these measures will be reviewed in the annual site visit.
  - a. Retention in Treatment: Local Substance Abuse Authorities will meet or exceed their FY2017 treatment retention in FY2018 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY2017 retention rate was over 70% are required to meet or exceed a 70% retention rate in FY2018. Retention is defined as the percentage of clients who remain in treatment over 60 days.
  - b. Successful Treatment Episode Completion: Local Substance Abuse Authorities will meet or exceed their FY2017 Successful Treatment Episode Completion rates in FY2018 and will work towards achieving a goal of 60%.

Local Substance Abuse Authorities whose FY2017 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2018. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.

- c. Abstinence from Alcohol: Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from alcohol from admission to discharge at a rate that is greater than or equal to 75% of the national average. Abstinence from alcohol is defined as no alcohol use for 30 days.
  - d. Abstinence from Drugs: The Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from drugs from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from drugs is defined as no drug use for 30 days.
  - e. Increase in Employment: Local substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of their clients who were employed full/part time or enrolled as student from admit to discharge at a rate greater to or equal to 75% of the national Average.
  - f. Decrease in Criminal Activity: Local Substance Abuse Authorities' Outcome Scorecard will show that they decreased the percentage of their clients who were involved in criminal activity from admission to discharge at a rate greater to or equal to 75% of the national average. Criminal activity is defined as being arrested within the past 30 days.
  - g. Recovery Support: Local Substance Abuse Authorities' Scorecard will show that the percent of clients participating in social support recovery activities increased from admission to discharge by at least 10%. Participation is measured as those participating in social support recovery activities during the 30 days prior to discharge minus percent of clients participating in social support of recovery activities in 30 days prior to admission
  - h. Tobacco Cessation: Local Substance Abuse Authorities' scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%.
- iv. Substance Use Disorder Prevention Performance Measures:
- a. All prevention services entered in DSAMH approved data system accurately and within 45 days of services. <https://utatr.witsweb.org/>
  - b. Percent of retail establishments within Local Authority area that refused to

sell tobacco to minors during Synar tobacco compliance checks. (Target for FY2018 is 90%.)

- c. Percentage of students in each grade (6, 8, 10, 12) using alcohol during the past 30 days (will use trend data from 2003, 2005, 2007, 2009, 2011, 2013, 2015, 2017).
  - d. Percent of students in each grade (6, 8, 10, 12) using illegal drugs during the past 30 days (will use trend data from 2003, 2005, 2007, 2009, 2011, 2013, 2015, 2017).
  - e. Number of “Eliminate Alcohol Sales to Youth” (EASY) alcohol compliance checks within Local Authority area. (Target for FY2018 is an increase from the previous year.)
  - f. Number of coalitions that prioritize substance use related risk and protective factors (as found on [www.dsamh.utah.gov](http://www.dsamh.utah.gov) ) in local substance abuse authority area.
  - g. Annually report to DSAMH actual number and costs of evidence based policy, programs and strategies. Note: FY2019, monthly invoices will include costs of evidence based policy, programs, and strategies.
- v. Recovery Support Performance Measures
- a. Recovery Capital Culture and Score: As this is an emerging field, Local Substance Abuse and Mental Health Centers may choose their own recovery support performance measure tool to report this score for recovery support services. Scores should be converted to a 100-point percentage score to be reported in the RS file as per the file specification.
    - 1. For FY2018, this will be required on Recovery Support clients only. Current tools under consideration include (not exhaustive): DLA-20, OQ Recovery Questions, RCI, WHODAS 2.0.
    - 2. FY2019 the selected tool may be expanded to the entire SUD population and/or mental health population in the context of expanding a culture of recovery capital.
    - 3. FY2020 selected tools and data will be reviewed and discussed in collaboration with the UBHC ROSC Committee to help make decisions about identifying evidence based or evidence informed tools to help expand this performance measure.





## DORA 4: Guidelines for the Implementation of DORA-Funded Services

APPROVED BY DORA OVERSIGHT COMMITTEE ON DECEMBER 14, 2016  
\* PENDING FINAL APPROVAL OF THE UTAH SUBSTANCE USE AND MENTAL HEALTH ADVISORY COUNCIL \*

### DORA Eligibility Criteria

- Individual must be convicted of a class A misdemeanor or felony offense.
- Individual's total score on the Level of Service/Risk, Need, Responsivity screen (LS/RNR) must fall within the range of 15-43.
- Individual's score on the Alcohol/Drug Problems (ADP) scale of the LS/RNR must be 4 or higher.
- Individual's score on the Texas Christian University Drug Screen (TCUDS) must be 4 or higher.

### The DORA Process

- Individual is pre-screened to eliminate those not eligible for DORA-funded services.
- Individual is screened by AP&P utilizing the LS/RNR.
- Individuals who are screened and meet the DORA criteria are assessed by the Local Substance Abuse Authority agency utilizing a comprehensive substance use disorder assessment instrument in compliance with current Division of Substance Abuse and Mental Health (DSAMH) standards (R523-4), to determine level of treatment needed.
- Review by the local DORA team of the combined LS/RNR results and initial recommended level of treatment that may result in a modification of the supervision level and treatment modality for the individual.
- Release of information form is obtained from the individual to participate in DORA-funded services and in program evaluation.
- Pre-Sentence Report (PSR) prepared by AP&P will indicate if the individual is eligible for DORA-funded services and recommend a level of treatment and a treatment program based on the assessment by the Local Substance Abuse Authority agency, and a level of supervision as indicated by the LS/RNR. If the assessment is not completed prior to sentencing, the PSR will reflect eligibility for DORA-funded services pending the assessment to determine level of treatment needed.
- Substance use disorder treatment order is to be included in the Judgment and Commitment issued by a Utah court or a special condition imposed by the Board of Pardons and Parole.
- DORA participant to be case managed by AP&P DORA agent in consultation with treatment provider.
- Outcomes measurement will be administered by the treatment agency and overall outcomes will be tracked by CCJJ within appropriation.

### DORA Screening and Assessment

- Pre-screen to eliminate the following, who are **not** eligible for DORA-funded services:
  - Out-of-state detainers
  - Immigration holds
  - U.S. Marshal holds
  - Mandatory commitments to prison
  - Individuals who are seriously and persistently mentally ill (SPMI)
- DORA Screening and Assessment:
  - Ordered by a Utah court or the Board of Pardons and Parole for a class A misdemeanor or felony offense
  - Conducted by AP&P utilizing the established criteria
  - Assessment conducted with a comprehensive substance use disorder assessment instrument, in compliance with current DSAMH standards (R523-4) and within appropriation.

### DORA Treatment Standards (R523-4)

**(Note: The language in this section will be updated following finalization of proposed revisions to R523-4.)**

- All treatment providers shall be certified by the DSAMH to treat individuals involved in the criminal justice system.
- All programs shall maintain the appropriate license from the Department of Human Services Office of Licensing for the services being provided.
- All programs shall submit Treatment Episode Data (TEDs) admission and discharge data as outlined in the DSAMH's most current Division Directives.
- Programs shall evaluate all participants for criminogenic risk and need, and deliver services that target the specific risk and needs identified.
- Individuals with high risk and individuals with low risk to re-offend shall be treated separately.
- Programs shall coordinate and communicate with Adult Probation and Parole, county sheriff's offices, or other necessary criminal justice agencies on a regular and consistent basis as agreed.

#### **DORA 4: Guidelines for the Implementation of DORA-Funded Services**

Last Revised by USAAV Council on December 11, 2012

**APPROVED BY DORA OVERSIGHT COMMITTEE ON DECEMBER 14, 2016**

**\* PENDING FINAL APPROVAL OF THE UTAH SUBSTANCE USE AND MENTAL HEALTH ADVISORY COUNCIL \***

- Programs shall provide multi-dimensional treatment that targets the validated criminogenic risk factors.
- Treatment participation and length shall be of sufficient dosage/duration to affect stable behavioral change.
- Treatment intensity, duration and modality shall be based on the current ASAM or comparable mental health criteria and medical necessity determined by the ongoing assessment process.
- The DSAMH shall develop performance metrics to evaluate the ability of programs to engage and retain adults in the appropriate intensity and modality of service.
- Treatment programs shall ensure that public funds are the payer of last resort.
  - o Treatment programs shall coordinate or refer individuals to the Department of Workforce Services or healthcare navigators for assistance with eligibility for public or private insurance plans.
  - o Treatment programs may negotiate and assess usual and customary fees to adults.
- Treatment programs shall:
  - o First assess level of motivation for treatment and implement strategies to increase engagement;
  - o Assess individuals for mental health, substance use disorder and other criminogenic risks using validated instruments and protocols;
  - o Diagnose, treat or ensure treatment for co-occurring conditions;
  - o Develop an individualized treatment plan that identifies a comprehensive set of tools and strategies that address the client's identifiable strengths as well as her or his problems and deficits;
  - o Provide comprehensive treatment services;
  - o As appropriate and with consent, involve families and support persons in the treatment and recovery process;
  - o Use developmentally appropriate and informed treatments;
  - o Monitor drug use through drug testing and other means:
    - Individuals testing positive for drugs or alcohol shall not be denied entry to or removed from a treatment program solely for positive drug tests; and
    - Programs shall comply with all DSAMH Directives for drug testing as published in the Annual Division Directives;
  - o Have qualified staff licensed and capable of assessing individuals for both mental health and substance use disorders;
  - o Recognize gender, cultural, linguistic, and other individual differences in their treatment approach;
  - o Provide or link to ongoing chronic disease management, recovery support, monitoring and aftercare services;
  - o Ensure all individuals with alcohol and/or opioid disorders shall be educated and screened for the potential use of medication-assisted treatment; and
  - o Develop strategies to screen for, prevent, and refer to treatment adults with serious chronic conditions such as HIV/AIDS, Hepatitis B and C, and tuberculosis; and
  - o Complete and submit the National Survey on Substance Abuse Treatment Services (N-SATTS);
- Treatment programs shall work with individuals to identify needed and desired recovery supports.
  - o Participation in recovery support shall be voluntary.
  - o Whenever possible, individuals shall be encouraged and given a choice of potential recovery support services and a choice of programs.
  - o Services such as case management, housing, employment training, transportation, childcare, healthcare, and peer support may be provided before, during or after the completion of acute treatment services.
- Treatment providers shall report to AP&P:
  - o Non-compliance with treatment within 24 hours;
  - o Treatment completion within 24 hours;
  - o UA results weekly or within 24 hours for positive tests; and
  - o Weekly updates on progress in treatment (either via weekly staff meeting [urban] or through written or oral reports delivered to the AP&P agent [rural]).
- Discharge planning shall be a collaborative effort involving Adult Parole and Probation (AP&P), treatment providers, the DORA participant, family members and other community supports, and includes a formal plan for recovery support and transition services, as well as a plan for continued AP&P supervision. Discharge summaries shall include this coordinated plan.

#### **DORA 4: Guidelines for the Implementation of DORA-Funded Services**

Last Revised by USAAV Council on December 11, 2012

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#### **DORA Supervision Standards for Davis, Salt Lake, Utah and Weber Counties**

- AP&P will follow the Standards of Supervision for DORA CASELOADS developed by the Utah Department of Corrections, with additional requirements outlined below:
- Start of Treatment
  - Hand-off meeting with DORA participant, assessor, agent and provider
  - Release of information
  - Review treatment plan
  - Discuss consequences of program failure/success
- During Treatment
  - Frequent communication on DORA participant's progress/violations
  - Case management team approach
  - Random, frequent, and observed urinalysis tests
  - Immediate response to problems
  - Positive reinforcement
- Conclusion of Treatment
  - Collaborative discharge planning involving Adult Probation and Parole (AP&P), treatment providers, families, and other community supports
  - Pre-release planning for recovery support services
  - Consequence of unsuccessful completion and alternatives
  - A face-to-face meeting will be held with AP&P and the treatment provider to develop the treatment discharge plan, including continued supervision

#### **DORA Supervision Standards for Cache, Carbon, Emery, Iron, Tooele and Washington Counties**

- AP&P will follow the Standards of Supervision outlined by the Utah Department of Corrections, with possible modifications made in collaboration with the Local Substance Abuse Authority agency (treatment provider)
- Random, frequent, and observed urinalysis tests conducted by the Local Substance Abuse Authority agency during treatment phases

#### **DORA Funding Mechanism**

- Following annual approval of the DSAMH Local Substance Abuse Authority funding plan by the Utah Substance Use and Mental Health Advisory Council, the DSAMH will award funds to participating Local Substance Abuse Authorities.
- Where appropriate, Local Substance Abuse Authorities will contract with treatment providers.
- DORA funds may not be used to pay for mental health services for seriously and persistently mentally ill (SPMI) individuals.

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## **Changes made to FY2018 Division Directives**

### **Division of Substance Abuse and Mental Health**

#### **A. Governance and Oversight**

- i. As required by statute, all Local Authorities must prepare and submit to the Division a plan approved by the county legislative body for funding and service delivery. For FY2018, the required Area Plan from all Local Authorities will consist of forms the Division has developed for Mental Health (Forms A, A1 & A2), Substance Use Disorder Treatment (Form B), and Substance Use Disorder Prevention (Form C). Each budget is in Microsoft Excel and each narrative form is in Microsoft Word **has been prepared in an electronic format**. Do not change any of the formats or formulas. All forms must be submitted in the original format or they will be returned to the Local Authority for resubmission. The forms require specific information that is applicable to each program. DSAMH will review the forms with the Local Authority staff **and provide instructions on completing them electronically** during the annual UBHC conference to be held Wednesday, March 30, 2017. The financial information of each form will be assessed by the Division and compared to each Local Authority's audited financial statements.
- ii. The Area Plan packet must include the completed Forms A, A1, A2, B, C, D and the required fee policy and fee schedule, pursuant to Administrative Rule Section R523-1-5. The Area Plan packet must be received by DSAMH ~~at 195 N. 1950 W., Salt Lake City, UT 84116~~ by May 1, 2017 **through the electronic medium designated by the Division** ~~In addition, an electronic copy of Forms A, A1, A2, B and C must be submitted by E-mail to DSAMH at DSAMHinvoice@utah.gov no later than May 1, 2016.~~
- iv. The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and within twenty-five (25) percent of their previous year actual cost per client. If the Local Authority does not fall within the overall average cost, the Division will contact the Local Authority to discuss whether or not accurate data has been submitted. If the data is not accurate, the Local Authority will resubmit the correct financial or cost data. Client data cannot be changed for the prior year after August 15th. **If the data is correct, the Local Authority shall identify and explore reasons for the outliers and provide rationale for the outliers through area plan or another written response.**
- v. The Local Authority shall provide an organization chart/listing of staff and subcontractors. **Organizational chart shall include prevention and recovery support staff. A separate attachment shall** ~~It would be helpful to~~ include the discipline/position of each individual and percentage of time devoted to administrative and clinical work

(FTE).

- vi. Monitoring reports for FY2018<sup>7</sup> will ~~may~~ contain findings ~~and/or further discussion narrative~~ resulting from any red ~~and yellow~~ scores on the Substance Use Disorder Treatment Scorecard, the Mental Health Youth and Adult Scorecard, Consumer Satisfaction Scorecard, and the Client Cost Report. ~~A yellow score will indicate a need for further review. A green score will be regarded as a positive outcome in the monitoring report.~~
- vii. DSAMH will use the following definitions in the monitoring process:
  - e. Each performance inadequacy will be classified according to one of the following classification levels:
    - 4. **Deficiency:** The Local Authority or its designee is not in full contract compliance. The deficiency discovered is not severe enough nor is it pervasive enough in scope as to require a formal action plan. DSAMH will identify the deficiency to the Local Authority or its designee and require the appropriate actions necessary to resolve the problem by a negotiated date. ~~This informal plan and negotiated resolution date shall be included as a narrative in the monitoring report response.~~ DSAMH will follow-up to determine if the problem has been resolved and will notify the Local Authority or its designee that the resolution has been achieved by the negotiated date. If the Local Authority or its designee fails to resolve the identified deficiency by the negotiated date, formal **Corrective Action** will be required.
- viii. The Local Authority shall perform annual subcontractor monitoring, as outlined in the DHS Contract, utilizing a formalized monitoring tool that describes each area of the review and its outcome.
  - b. The Local Authority will ensure that subcontracted providers have current licenses, certifications, BCI checks and conflict of interest forms by one of the following methods:
    - 1. keeping physical copies
    - 2. through the Medicaid credentialing process
    - 3. annual subcontractor monitoring
    - 4. ~~another monitoring report in the past year that has verified these items.~~
- ix. ~~For each site visit, 10-20 random client numbers will be provided by the Division for chart review. Additional charts may be requested by the monitoring teams to be pulled by the Local Authority for specific populations or areas of concern.~~
- x. ~~Each Local Authority will conduct direct testing of their adherence to access standards. Walk-through testing will be administered prior to each Local Authorities scheduled site visit from DSAMH, using the NIATx “Walk-through Recording Template” found at x.~~

- <http://www.niatx.net/pdf/PIToolbox/NIATxWalk-throughRecordingTemplate.dot>, or a similar structured walk through testing model. It will include participation of at least two executive level staff. Results of the access tests will be discussed with each Local Authority at their regularly scheduled site visit. The walk-through and review results from FY2016 and FY2017 will be used in the following year FY2018 to help initiate an access related change project as outlined by the NIATx change process at <http://www.niatx.net/Home/Home.aspx>, or similar structured change model.
- xi. Each Local Authority will provide an electronic copy of their annual PMHP Financial Report (Medicaid Cost Report) to the Division as it is submitted to the Department of Health.
    - a. Local Authorities will provide DSAMH with the initial submission and also the finalized version of the report after it has been accepted and finalized by Medicaid.
    - b. All sections and schedules of the report must be completed (e.g. Sch 1A WC).
  - xii. Wherever possible, justification for payment of funds shall be determined by the Current Procedural Terminology Codes (CPT) used in the Local Authorities' Electronic Health Record (EHR) and the rate determined in their most recently approved Medicaid Cost Report. For services where CPT codes are not used, DSAMH will develop separate standards for justifying payment that may include direct labor and/or current expense costs. In these cases, the Local Authority is responsible to demonstrate that any overhead costs allocated to these non-CPT code expenses are consistent with the overall cost allocation plan (CAP) used by the Local Authority. Where a Medicaid Cost Report has been done, this report becomes the CAP of record for the Local Authority.
  - xiv. Invoices shall be submitted to DSAMH monthly via electronic billing system established by the Division. Invoices for services shall be submitted by the Local Authorities monthly, dividing billing into discrete calendar month blocks where applicable. Local Authorities shall use electronic billing submission systems provided by the State where applicable and available. DSAMH shall continue to work towards efficiencies to provide payments back within agreed time frames.

**B. COMBINED MENTAL HEALTH AND SUBSTANCE USE DISORDER DIRECTIVES.**

- i. Each client shall have a strength-based assessment. (Please note that when the client is a child or youth, the word client also refers to the parent/guardian.) The current version of the approved Utah Preferred Practice Guidelines shall be the preferred standard for assessments, planning and treatment. At a minimum assessments, planning and treatment shall comply with the Medicaid Provider Manual and current Administrative Rule as described in R523. The following principles are to be used to enhance a clinically sound assessment:

- a. ~~Initial Engagement:~~
  - 1. ~~Focus on the immediate/pertinent needs of the client.~~
  - 2. ~~Clinician establishes rapport with the client.~~
  - 3. ~~Client can expect to gain something (relief, clarity, answers, hope) from the initial engagement session.~~
  - 4. ~~Clinicians check that client's needs are being met.~~
  - 5. ~~Clinicians gather and document relevant information in an organized way.~~
  - 6. ~~Clinicians make recommendations and negotiate with and respect the client.~~
- b. ~~Ongoing Assessment:~~
  - 1. ~~Assessment information is kept current.~~
  - 2. ~~Clinicians gather comprehensive relevant assessment information based on the client's concerns, in an ongoing manner as part of the treatment process.~~
  - 3. ~~Assessment includes an ongoing focus on strengths and supports that aid the client in their recovery.~~
  - 4. ~~Assessment includes identifying those things that motivate the client and how those motivations have been impeded by mental illness and/or addiction.~~
  - 5. ~~Assessment information is organized coherently and available in a readable, printable format.~~
- e. ~~Each client must have a Person-Centered Recovery Plan. Recovery Planning Principles:~~
  - 1. ~~The client is involved in ongoing and responsive recovery planning.~~
  - 2. ~~Plans incorporate strategies based on the client's motivations.~~
  - 3. ~~The plan represents a negotiated agreement between the client and provider.~~
  - 4. ~~The plan is kept current and up to date.~~
  - 5. ~~Short term goals/objectives are measureable, achievable and within a timeframe.~~
  - 6. ~~Planning anticipates developing and maintaining independence.~~
- d. ~~Treatment Principles:~~
  - 1. ~~Treatment is individualized dynamic and adjusts according to feedback and concerns of the client.~~
  - 2. ~~Treatment is recovery/resiliency focused and based on outcomes, sound practice and evidence.~~
  - 3. ~~Family and other informal and natural supports are involved (as approved by adult clients).~~
  - 4. ~~Treatment is provided in a culturally competent, gender appropriate and trauma informed manner~~
- ii. Local Authority Clinical Records will be reviewed using the approved checklist which will be provided to each Local Authority prior to their site visit. [The](#)



approved checklist shall be cross checked with the Office of Licensing chart monitoring tools and other regular monitoring tools and results from related monitoring reports from the previous year may be referenced to avoid duplication of effort.

- iii. ~~Participation in local Multi-Agency Coordinating Committees~~ with key community partners (e.g.: Multi-Agency Coordinating Committees, System of Care Committees, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Council, Peer Advocacy Groups or other partnership groups relevant in individual communities). ~~Key committee partners to include: Local Substance Abuse Authorities, Child Welfare, Juvenile Justice, Juvenile Court, Juvenile Probation, Education, and Services for People with Disabilities.~~ Participation will be evidenced through stakeholder feedback, applicable records (minutes, communication) and program manager discussions.
- ~~iv. Identify and become a participating member of any Local Homeless Coordinating Council(s) that meet in the Local Authority service area, and will participate in development of and use of a coordinated entry system into housing and services.~~
- iv. Local Authorities shall continue to establish and/or expand Adult and Children, Youth and Family Peer Support Services. Certified Peer Specialists and Family Resource Facilitators who are employed with the local authorities are to be integrated meaningfully into all levels of agency process and service, effectively utilizing peer voice. Local Authorities shall seek ways to maximize effective on-going training for peers and peer supervisors specific to the unique make up, resources and structure of each local area ~~participate as members of the clinical treatment teams.~~
- v. Suicide prevention, intervention and postvention: During FY2018~~7~~, Local Authorities will continue to implement, monitor and report on their plans ~~including their Medicaid Performance Improvement Plan (PIP), for suicide prevention, intervention and postvention.~~
  - a. Records must contain a safety/crisis plan when clinically indicated which can be quickly and easily accessed and updated as needed.
  - b. Local Authorities shall develop a plan for coordination of follow up care based on best practices with inpatient and emergency department services for clients being treated for a suicide related event.
- vi. Local Authorities will ~~cooperate with efforts of the Division of Substance Abuse and Mental Health~~ promote integrated programs that address an individual's substance use disorder, mental health and, physical health ~~care needs,~~ and criminal risk factors as described in UCA 62A-15-103(2)(vi). Local Authorities will use a Holistic Approach to Wellness and will:

- a. Identify tobacco use in the assessment.
  - b. Provide services in a tobacco free environment.
  - c. Provide appropriate tobacco cessation services and resources (including medication).
  - d. Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB.
  - e. Provide training for staff in recognizing health issues.
  - f. Provide information to clients on physical health concerns and ways to improve their physical health.
  - g. Incorporate wellness into individual person-centered Recovery Plans.
- vii. Drug Testing Program Requirements: All drug testing conducted by DSAMH, Local Substance Abuse Authorities, Local Mental Health Authorities or contractors, vendors, programs, shall comply with the requirements outlined in Section C: SUBSTANCE USE DISORDER TREATMENT SERVICES of the Division Directives, [until new Administrative Rule for drug testing is adopted at which time the Administrative rule shall supercede this section of the Directives.](#)
- viii. Justice Reinvestment Initiative: Identify and engage key stakeholders in a local planning and implementation process centered around:
- a. ~~New~~ [Language](#) in Utah Code to establish and promote an evidence-based continuum of screening, assessment, prevention, treatment, and recovery support services in the community for individuals with substance use disorder and mental illness that addresses criminal risk factors and reduces recidivism to Jail and Prison.
  - b. ~~Utah Commission on Criminal and Juvenile Justice CCJJ recommendations from the Justice Reinvestment Report specifically focusing on recommendations 9, 10, 11 and 12.~~
  - b. [Local Authorities shall collaborate with local key stakeholders to enhance](#) a statewide comprehensive continuum of community-based services designed to reduce criminal risk factors for individuals who are determined to have substance use disorder or mental illness conditions or both, and who are involved in the criminal justice system. Stakeholders should include but not be limited to Courts (including any appropriate Specialty Courts), Corrections, Adult Probation & Parole, County Jail(s), County Attorney(s), County Commissioner(s), Legal Defender(s), Treatment Providers, Prevention Coordinators and other advocates or interested parties while including

collaboration with DSAMH.

- c. **At a minimum**, Local Authorities will comply with Utah Administrative Code R-523-4 Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System. **Local Authorities shall strive to apply Utah Preferred Practice Guidelines to enhance care in local system to optimum levels within resources. DSAMH shall provide support and Technical Assistance towards the Preferred Practice Guidelines whenever possible.**
- x. Recovery Support Services (RSS) Recovery support services include culturally and linguistically appropriate services that assist individuals and families working toward recovery from mental and/or substance use problems. They incorporate a full range of social, legal, and other services that facilitate recovery, wellness, and linkage to and coordination among service providers, and other supports shown to improve quality of life for people in and seeking recovery and their families.
  - a. **RSS also include access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services. RSS may be provided before, during, or after clinical treatment or may be provided to individuals who are not in treatment but seek support services. These services, provided by professionals and peers, are delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services.** ~~Services Description: LA's shall provide Recovery Support Services (RSS) an array of non-clinical, adjunctive activities, resources, relationships and services designed to provide support and assistance to an individual as they reintegrate into the community, participate in clinical treatment or work to improve overall functioning as they maintain their long-term recovery goals. RSS shall be provided either directly or through provider contracts that meet Division Directive standards and are listed in the most current RSS manual located on the Division website at <http://dsamh.utah.gov/>.~~
  - b. ~~All State-funded individuals receiving~~ RSS services **provided by the Local Authorities** shall be documented as a RSS client and ~~must be~~ reported in the Substance Abuse Mental Health Information System (SAMHIS) recovery support data specifications file as indicated in the data specs and as approved and directed by the Division.
  - b. ~~Approved services: Parolee Access to Recovery (PATR), Temporary Assistance for Needy Families (TANF), Drug Court RSS (DC-RSS)~~
    - 1. ~~Case Management services (PATR)~~
    - 2. ~~Peer Support Specialists as CPSS or FRF (TANF)~~
    - 3. ~~Daily Living skills/Life skills outside of a clinical treatment setting (PATR, DC-RSS)~~

4. Employment/Job training (PATR, DC-RSS)
  5. ~~Housing (emergency- PATR with prior approval from PO, DC-RSS) (sober living- DC-RSS).~~
  6. ~~Transportation services (PATR, DC-RSS), bus passes/tokens, front runner, gas vouchers.~~
  7. ~~Educational skills (PATR, DC-RSS)~~
  8. ~~MAT- medications and supporting medical services (PATR, DC-RSS)~~
  9. Urinalysis testing (PATR)
  10. Clinical levels of care including: IOP, GOP, aftercare and recovery management based on a clinical assessment (PATR)
  11. ~~Medical/Dental and prescriptions (PATR up to \$500.00 maximum per individual)~~
  12. ~~Childcare services (PATR, DC-RSS)~~
  13. ~~Identification: State ID cards, State Driver's Licenses reinstatement fees (no previous fines or restitution), and birth certificates. (DC-RSS).~~
- c. ~~Service Fees and Billing Requirements: Services will~~ shall be reimbursed based on the approved service rates ~~or fees for service listed in the most current RSS manual located on the Division website at <http://dsamh.utah.gov>.~~ Services that are provided outside of the approved list of services will not be reimbursable. Invoices submitted for billing must be submitted monthly through the ~~approve~~ DSAMH Kissflow system. Each RSS funding program must be submitted separately and in accordance to the appropriate funding program code.
- e. ~~Client Eligibility: All State funded clients receiving recovery support services shall have documented services in the RSS data set. Meet LA residency criteria for a participating programs (Recovery Support Services Program: PATR, DC-RSS, TANF).~~
- ~~Per Program Eligibility Requirements:~~
1. ~~PATR: be referred by the approved Utah Department of Corrections (UDC) referring agent.~~
  2. ~~TANF: meet Workforce Services (WFS) eligibility criteria through form 300 application for TANF purpose 1 and/or 2 or be receiving services under TANF purpose 3 and/or 4 that do not require WFS eligibility requirements.~~
  3. ~~Drug Court RSS: accepted into an approved State Drug Court program (Felony, Dependency or Juvenile), meet LA's criteria for Drug Court RSS services.~~
- xi. [Utah Behavioral Health Planning & Advisory Council \(UBHPAC\)](#) Each local authority shall ensure regular attendance at the monthly UBHPAC meetings,

preferably a peer representative but may be a citizen representative from their respective area.

- xii. Each Local Authority shall build capacity within their area related to workforce, stigma reduction, prevention, harm reduction, and the readiness of community stakeholders to use evidence based practices to address mental health and substance misuse in their community. For additional information on capacity building see Section E(ii)(b) of Division Directives.

### C. Mental Health Services

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- i. Local Authorities shall use the ~~(\$2.7 million)~~ “Unfunded” State General Funds dedicated to children, youth and adults with mental illness with no funding available in the following manner.
  - a. Each Local Authority is required to spend ~~their~~ its portion of the ~~\$2.7 million~~ “unfunded” allocation serving unfunded clients ~~(total allotment of funds divided by the number of clients served by setting)~~. These funds are subject to the County 20% match requirement.
- ~~ii. Records must contain a safety/ crisis plan when clinically indicated which can be quickly and easily accessed and updated as needed.~~
- ~~iii. Local Authorities shall develop a plan for coordination of follow up care based on best practices with inpatient and emergency department services for clients being treated for a suicide related event.~~
- ~~iv. Local Authorities shall develop a plan to address mental health concerns for people on Medicaid in nursing facilities.~~
- ~~vi. Local Authorities will use a Holistic Approach to Wellness. Local Authorities must provide and as appropriate document the following:~~
  - ~~a. Monitor weight (and height for children).~~
  - ~~b. Provide or arrange for a diabetes screening, as indicated.~~
  - ~~c. Identify tobacco use in the assessment and offer resources as indicated.~~
  - ~~d. Provide services in a tobacco free environment.~~
  - ~~e. Provide information to clients on physical health concerns and ways to improve their physical health.~~

- f. ~~Incorporate wellness into individual Recovery Plans as needed.~~
  - g. ~~Additional areas for clients who are prescribed medications:~~
    - 1. ~~Monitoring of labs, AIMS and tracking of vitals.~~
    - 2. ~~Coordination/communication with prescribers.~~
  - h. ~~Emphasize exercise along with healthy leisure and recreational activities in programming.~~
- iii. In accordance with 62A-15-105.2. **Employment First emphasis on the provision of services.** Supported Employment includes recipient choice, integration with mental health treatment, and individualized follow along services. When providing services to a recipient, the local authority shall, in accordance with the requirements of federal and state law and memorandums of understanding between the division and other state entities that provide services to a recipient, collaboratively work with other agencies to promote give priority to providing services that assist an eligible recipient in obtaining and retaining competitive, integrated, meaningful and gainful permanent employment that enables the recipient to earn sufficient income to:
- iv. Local Authorities will utilize Wraparound Facilitation (as defined by the Utah Family Coalition and/or Nationally accepted evidence based Wraparound Facilitation Definition) and Multi-Agency Collaboration in the provision of services for Children, Youth and Families. Evidence of compliance shall be determined by discussion with agency staff observed compliance Wraparound Facilitation as defined. ~~includes the following:~~
  - a. ~~Provide High Fidelity Wraparound as defined by the Utah Family Coalition. Provision of High Fidelity Wraparound will be evidenced through Family Mentor verification of the following related documentation:~~
    - 1. ~~Strengths, need and cultural discovery;~~
    - 2. ~~Family team roster;~~
    - 3. ~~Crisis/safety plan;~~
    - 4. ~~Team meeting minutes; and~~
    - 5. ~~Transition plan.~~
  - b. ~~As resources permit, wraparound facilitation and/or multi-agency collaboration should be provided for children who qualify in one of the following categories:~~
    - 1. ~~Currently placed out of the home;~~
    - 2. ~~At risk of out of home placement;~~
    - 3. ~~Involved with multiple agencies; and~~
    - 4. ~~Have complex mental health needs.~~
- v. Participation in USH Adult and Children Continuity of Care meetings. Written children's outplacement requests are submitted to DSAMH by the LMHA representative for each individual client and then requests are presented at the

Continuity of Care meeting. Funding is awarded by committee vote with DSAMH approval. The ultimate decision regarding the use of Outplacement Funds rests with the Children's Program Administrator Behavioral Health Assistant Director.

- vi. Mental Health Early Intervention (MHEI) Funding is for children and youth who may or may not have a Serious Emotional Disturbance (SED) designation, but are at risk to become so without early intervention services. Service provision is limited to Family Resource Facilitation, Mobile Crisis Teams, and School-Based Behavioral Health. This legislative funding requires the tracking of spending and outcomes related to each service provision, per legislative intent language and requires quarterly completion of the attached MHEI Quarterly Data and Annual Outcomes Report. Funds will be allocated on formula and are subject to County 20% match requirement. TANF funds focused on School Based Behavioral Health for counties with the highest rates of intergenerational poverty shall be allocated according to the previous schedule and track by the local authority and submitted to the Division.

#### D. Substance Use Disorder Treatment Services

- i. Local Substance Abuse Authority treatment programs shall provide Naloxone education, training and assistance to individuals with opioid use disorders and when possible to their families, friends, and significant others.
- ~~ii. Evaluate all clients who are opioid or alcohol dependent for the use of Medication Assisted Treatment (MAT) within the first 10 days of services and document the results of the assessment. Educate the client about MAT options; when clinically indicated and the client is amenable:~~
  - ~~a. Include the use of MAT in the treatment plan, and~~
  - ~~b. Either provide MAT as part of the treatment, or~~
  - ~~c. Refer the individual for MAT.~~
- ii. Funds allocated by DSAMH shall not be expended by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine).
  - a. Clients shall be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has

evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder.

- b. Medications available by prescription or office-based implantation shall be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider.
- c. In all cases, MAT shall be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial.
- d. Entities in receipt of funds shall assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

iii. Drug Courts:

- a. Drug Courts shall comply with the following requirements:
  - 1. All Drug Courts shall be certified by the Administrative Office of the Courts in accordance with Utah Judicial Council Rule 4-409, and retain certification throughout the contracted period. This rule is available online at: <http://www.utcourts.gov/resources/rules/ucja/ch04/4-409.htm>
  - 2. ~~Felony~~ All Drug Courts shall serve participants identified as High Risk/High Need ~~by using a validated criminogenic risk tool. the Risk and Needs Triage Assessment (RANT). The Level of Service Inventory-Revised (LSI-R) can be used in addition to the RANT, but not in lieu of the RANT. A copy of the completed RANT shall be in the participant's clinical record.~~
  - 3. ~~Family Dependency Drug Courts shall serve participants identified as High Risk/High Need. High Risk/High Need information shall be adequately documented in the participant's clinical record at treatment admission and/or evident in the treatment referral and Drug Court admission information.~~
  - 4. ~~Juvenile Drug Courts shall serve high risk/high need participants identified using one of the following instruments:~~
    - ~~(a) Pre-Screen Risk Assessment (PSRA);~~
    - ~~(b) Drug Use Screening Inventory, Revised (DUSI-R);~~
    - ~~(c) Pre-Screen Assessment (PSA); or~~
    - ~~(d) Other screening instruments may be used if they assess the risk of re-offending~~
  - 6. Consistent with ii above, have no prohibitions against Medication Assisted Treatment (MAT) or a requirement to be abstinent from medications used in addiction treatment in order to enter drug court, progress or complete drug court.



- iv. Drug-Related Offenses Reform Act (DORA)
  - a. Funds Available and Allowable Uses
    - 1. Funds appropriated by the Legislature for DORA are not subject to any matching requirement.
    - 2. DORA funds may not be used to replace or supplant funds from other sources that have been appropriated for the same purpose.
    - 3. ~~Funds shall be used in accordance with the “Guidelines for the Implementation of DORA-Funded Services for Probationers”, last revised by Utah Substance Use and Mental Health Advisory Council on December 11, 2012, or as otherwise determined by the Council. (see: Appendix A)~~
    - 4. ~~Local Authority shall develop a local DORA planning and implementation team that includes representatives from the Courts, the Department of Corrections, and other community partners in coordination with the local Justice Reinvestment Initiative (JRI) stakeholder group.~~
  - b. Evidence-based Treatment Requirement
    - 1. ~~DORA-funded treatment~~ Services shall adhere to the standards prescribed in R523-4. Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System.
    - 2. ~~DORA-funded treatment~~ Services shall be provided by programs certified by the Division of Substance Abuse and Mental Health to provide treatment for persons involved in the criminal justice system.
    - 3. Eligibility for DORA is based on the most current criteria approved by the USAAV+ Council.
- v. Women’s SAPTBG set aside:
  - b. Funds may be used to provide: Treatment services at the I.0, II.1, II.5, III.1, III.3, and III.5 American Society of Addiction Medicine (ASAM) Levels of [refer](#)Care, as defined in the American Society of Addiction Medicine's (ASAM) ~~Second~~ Criteria 3rd Edition ~~Revised of Patient Criteria~~ (ASAM PPC 2R);
  - c. Funds may also be used to provide any of the following services:
    - 1. Gender-specific substance use disorder treatment and other therapeutic interventions for women that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting;
    - 2. Child-care while the women are receiving services;
    - 3. Therapeutic interventions for the children which may address their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect;
    - 4. Sufficient case management and transportation services to ensure the

- women and their children have access to the services listed above; and
5. Regular Urinalysis (UA) testing;
  - ~~6. Trauma informed gender specific services; and~~
  6. Comprehensive Ongoing assessment of the children who are in the mothers and children's programs that will include, but not be limited to: developmental adjustment; motor skills; cognitive skills; health, including immunization history; interaction with mother and other adults; language and general affect.
- vi. ~~State Women's Funds.~~
- a. Funds ~~may~~ shall be used to provide evidence-based ~~prevention~~, treatment and/or recovery support services for women. Priority shall be given to women referred or involved with the Utah Division of Child and Family Services.
  - ~~b. May be used to provide services for women as outlined in paragraph iv., c. above.~~
  - ~~c. Funds will be allocated to the local authorities on the formula and are subject to the County 20% match requirement.~~
- vii. Opioid Treatment and Recovery Support Funds:
- a. DSAMH shall allocate a portion of the federal Opioid STR grant funds to the LSAA's on formula and may allocate additional funds based on demonstrated need for provision of evidence-based treatment and recovery supports services for individuals with opioid use disorders (OUD).
  - b. LSAAs shall demonstrate that services are consistent with all grant requirements, and funds expand current capacity.
  - c. DSAMH shall require each LSAA to submit with the FY2018 Area Plan a local needs assessment, detailed description of planned services and a budget.
  - d. Allowable uses for this funding will be limited to:
    1. Services provided by federally certified Opioid Treatment Programs (OTP) to individuals with OUD.
    2. Services provided by Office Based Treatment providers to treat OUD using MAT.
    3. Provision of evidence based-behavioral therapies for individuals with OUD.
    4. Support innovative telehealth in rural and underserved areas to increase the capacity of communities to support OUD prevention and treatment.
    5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of MAT, i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine

products including buprenorphine/naloxone combination formulations and buprenorphine monoprodut formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions.

6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
7. Enhance or support the provision of peer and other RSS designed to improve treatment access and retention and support long-term recovery.
8. Funds shall be allocated to LSAAs using the formula established in Administrative Rule.

~~vii.—Women and Girl’s Co-occurring Treatment Training: Each Local Authority shall implement (or have implemented) at least one gender specific evidence based practice addressing women and/or adolescent’s co-occurring issues in FY 2016.~~

~~viii.—DSAMH requests all Local Authorities participate in the Treatment Research Institute (TRI) Consumer Guide to Adolescent Substance Abuse Treatment for UTAH initiative to evaluate and improve the quality of adolescent treatment services in Utah. Each participating Local Authority will:~~

- ~~a. Participate in a 15 minute pre-project telephone discussion with TRI staff~~
- ~~b. Complete a 20-30 minute questionnaire that gathers descriptive information about the program and treatment interventions used.~~
- ~~c. Participate in an interview with the Program Director to assess the quality program features.~~
- ~~d. Allow a Consumer Guide Assessor (CGA) to complete an on-site review of the program to confirm interview data and program information. Program staff will be asked to provide documentation to the CGA’s, but will not need to be present for the entire process. The review will last approximately 4-6 hours.~~
- ~~e. Completion of anonymous client questionnaires from up to 10-15 adolescents receiving treatment services.~~
- ~~f. Expend training and technical assistance funds allocated based on participation.~~

~~ix.—Drug testing: All drug testing services shall comply with the following requirements (also found in Appendix B):~~

- ~~a. Purpose: Drug testing can provide valid, timely information about an individual’s substance use. This policy is designed to ensure that drug testing practices of the Division of Substance Abuse and Mental Health (DSAMH) are~~

consistent with science and best practice.

b. ~~Definitions:~~

1. ~~Drug Test: Any test administered to detect the presence of alcohol and other drugs from a blood, saliva, urine sample or other accepted scientific methodology.~~
2. ~~Drug screen: A method for identifying the presence of one or more drugs of abuse that typically involves the use of immunoassay technology, a laboratory technique that makes use of the binding between an antigen and its homologous antibody to identify and quantify the specific antigen or antibody in a sample.~~
3. ~~Confirmation test: A quantitative test used by laboratories to distinguish the presence of a specific drug and/or metabolite and determine the drug's concentration, typically using gas chromatography/mass spectrometry (GC/MS) technology.~~

e. ~~Required Written Policy and Procedures: All DSAMH programs, contractors, subcontractors and providers who perform drug testing shall have written policies and procedures that address:~~

1. ~~Selection of participants to be tested (hereinafter participants)~~
2. ~~Frequency of testing~~
3. ~~Screening and confirmation methodologies~~
4. ~~Collection and handling of specimens~~
5. ~~Procedure for verifying integrity of sample that includes checks for tampering, adulteration and dilution~~
6. ~~Chain of custody procedures~~
7. ~~Documentation standards~~
8. ~~Training requirements for all direct service staff that includes training on principles of trauma informed care~~
9. ~~Disclosure of results or other information related to drug screen participation~~
10. ~~Potential consequences for testing positive~~
11. ~~The participant's right to request confirmation testing~~
12. ~~Procedures to ensure the physical and emotional safety of staff and participants~~
13. ~~All policies and procedures are subject to review and approval by the Department of Human Services (DHS).~~

d. ~~Drug Testing Program Requirements: All drug testing conducted by DSAMH, or contractors, vendors, programs, shall comply with the following requirements:~~

1. ~~The purpose of a drug screen shall be communicated to the participant prior to administration. Participants shall also be informed who will have access to the results, the potential consequence of testing positive, and their right to request confirmation testing of a sample using accepted methodologies such as Gas Chromatography/Mass Spectrometry~~

(GC/MS):

2. ~~Confirmatory testing is required for any contested drug screen if sanctions outside of treatment will be imposed or if the result is being used for evidentiary purposes. Participants shall not be responsible to pay for confirmation test if the result is negative.~~
3. ~~A drug screen shall not be considered positive unless a participant admits to use or the sample screen has been confirmed by a Substance Abuse and Mental Health Services Administration (SAMSHA) certified laboratory using scientifically accepted methodologies such as gas chromatography-mass spectrometry (GC/MS) technology. Sanctions may be imposed based on the results of a drug screen if applied in a manner consistent with the participant's due process rights.~~
4. ~~DSAMH recommends testing methodologies with scientific standards developed by SAMHSA. For this reason, urine and saliva are the preferred testing specimens. If other methodologies (testing of hair, sweat, or meconium) are used, additional information regarding the specific detection window of the methodology and any other limitations shall be communicated along with the results.~~
5. ~~Testing frequency should be based on the participant's circumstances and the purpose of the test. Factors to consider include: participant history, drug of choice, third party reports, treatment progress, personal observation, special circumstances/transitions and other factors as needed.~~
6. ~~DSAMH does not recommend random drug testing more frequently than an average of three times a week. However, testing to confirm suspicion of use is always permissible.~~
7. ~~Cut-off levels for drug screens shall conform to the SAMHSA recommended levels. If the screen is for a substance that SAMSHA has not identified a cutoff level, the industry standard shall be applied.~~
8. ~~Duplicate drug testing among DHS Divisions should be avoided. With signed participant consent consistent with 42 CFR, DHS agencies may share results. The following information shall also be shared with results:~~
  - (a) ~~The cut-off level(s) used with the drug screen~~
  - (b) ~~Description of how sample was collected~~
  - (c) ~~as the collection observed or unobserved~~
  - (d) ~~The specific panel of drugs included in the screen~~
  - (e) ~~Whether the sample was checked for adulteration, tampering and dilution~~
  - (f) ~~Whether the participant admitted to use~~
  - (g) ~~Whether the result is from a drug screen or a confirmation test.~~
9. ~~Drug testing should not be the only means to detect substance use or monitor treatment compliance. DSAMH encourages all divisions, agencies, providers, and contractors to evaluate a participant's progress using validated assessments, evaluations, reports from substance use disorder treatment providers, third parties, and personal observation through regular contact.~~

10. ~~DSAMH recommends the use of medication-assisted drug treatments such as the use of Methadone, Suboxone, and Vivitrol for individuals who meet clinical criteria for their use. Drug testing procedures shall not be used as a rationale to bar participants from participation in a program or service or to discontinue the use of a lawfully prescribed (or ordered) and used medication.~~

~~x. — Wellness:~~

- a. ~~Local Authorities will use a Holistic Approach to Wellness and will:~~
  1. ~~Identify tobacco use in the assessment.~~
  2. ~~Provide services in a tobacco-free environment.~~
  3. ~~Provide appropriate tobacco cessation services and resources (including medication).~~
  4. ~~Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB.~~
  5. ~~Provide training for staff in recognizing health issues.~~
  6. ~~Provide information to clients on physical health concerns and ways to improve their physical health.~~
  7. ~~Incorporate wellness into individual person-centered Recovery Plans.~~

#### E. Substance Use Disorder Prevention Services

- ii. Local Authority shall produce a comprehensive Strategic plan that includes narrative describing actions to complete the following:
  - a. Assess local prevention needs based on epidemiological data. This assessment shall include the most current Student Health and Risk Prevention Survey (SHARP) data and additional local data.
    1. Assessments shall be done at minimum every ~~two~~ **three** years. **Assessments shall be reviewed at least annually and amendments made as necessary.**
    2. **Identify process used to prioritize consumption behaviors, risk and protective factors and outcomes.**
    3. **Describe community readiness, available resources, strengths and gaps.**
    4. Resources that shall be used to perform the assessment include, but are not limited to:
      - (a) <http://bach-harrison.com/utsocialindicators.html>
      - (b) <http://ibis.health.utah.gov>
      - (c) [Community Readiness surveys, such as http://triethniccenter.colostate.edu/docs/CR\\_Handbook\\_8-3-15.pdf](http://triethniccenter.colostate.edu/docs/CR_Handbook_8-3-15.pdf)
      - (d) Communities that Care, Community Assessment Training (CAT) <http://www.communitiesthatcare.net/getting-started/ctc-training/>.

- b. Build prevention capacity within their area. The key components of capacity building include:
  3. [Readiness of stakeholders to use evidence-based prevention to address these problems.](#)
  4. Strengthen existing partnerships and/or identify new opportunities for collaboration. Some activities include but are not limited to:
    - (a) Building coalitions
    - (b) Training, [including travel/conferences](#)
    - (c) Engaging community stakeholders
    - (d) Educating service providers
  5. Developing and preparing the prevention workforce including assurances [by ensuring](#) that all prevention personnel ([excluding support staff](#)), [including contracted staff](#), are certified in the Utah Substance Abuse Prevention Specialist Training (SAPST) [or credentialed and in current standing with International Certification & Reciprocity Consortium \(IC&RC\).](#)
  6. [Identify all trainings needed and planned to complete in current fiscal year.](#)
  7. Prevention workers have completed all necessary certification and training requirements for the programs they implement and deliver.
    - (a) [List all staff/contractors and certifications for programs, including dates of training and certification.](#)
- c. Develop a strategic plan that is comprehensive, logical and data driven to address the problems identified during assessment with the current and future capacity developed. Post this plan publicly.
  1. There ~~should~~ [shall](#) be a minimum of one (1) strategic plan per LSAA. [Within the plan, LSAA's shall identify prioritized communities. Each prioritized community shall have a strategic plan. LSAA's are encouraged to work with each coalition in their area to develop a strategic plan.](#)
  2. [LSAA's Strategic plan shall include how the LSAA will work with and support coalitions in their strategic plan.](#)
- e. Use [DSAMH approved](#) logic models as the basis for [the](#) evaluation plan and to demonstrate expected short and long term outcomes for each policy, practice and/or program implemented. Logic models ~~will~~ [shall](#) also collect target populations and brief descriptions of programs, policies, and practices [and be reviewed and updated as needed.](#)
- f. ~~Submit an annual report within 60~~ [30](#) ~~days of the end of the state fiscal year that summarizes performance of prevention programs policies and strategies based on the short and long term outcomes identified in the logic models.~~
- f. [Submit an annual report by November 15th of each year that summarizes performance of prevention programs policies and strategies based on the short](#)

and long term outcomes identified in the approved logic models. (Edited 8/25/17)

- g. All LSAA's will receive SAPT Block Grant and all prevention discretionary grant funding via allocation letters at the beginning of each fiscal year. Each LSAA shall spend a minimum of 30% of SAPT Block Grant funds on prevention policies, programs, strategies, and administration. A budget for all prevention discretionary funding must be submitted. All expenditures must adhere to OMB Circular A-87 spending and grant reporting requirements for use of federal funds to determine all costs and reimbursements with DSAMH. A copy of the OMB document will accompany these directives. (Edited 8/30/17)
- i. 90% Increase the number of evidence-based policies, programs and strategies shall be evidence-based to a standard of 90%. The remaining 10% of prevention policies, programs and strategies are to be research informed with a plan to be submitted to Evidence Based Workgroup (EBW) as appropriate within one year.
  - 2. If LSAA is using one or more research informed program, LSAA is required to submit a minimum of one program to the Evidence Based Workgroup and follow guidelines to increase PART rating.

#### F. Mental Health and Substance Use Disorder Data

- ii. Substance Use Disorder and Mental Health Data and Outcome Reporting Requirements
  - c. The Information System Data Set for Recovery Support Services is the RS.
  - d. The Information System Data Set for Indicated Prevention is IP.
  - e. MHE, TEDS and RS Data Specifications are available for download from the DSAMH Substance Abuse Mental Health Information System (SAMHIS) and from the DSAMH website at <http://dsamh.utah.gov/data/data-specifications/>. IP data specifications will be vetted through PDC and available prior to the start of the fiscal year.
  - ~~g. Optional OQ Measure instruments not included in state reporting or monitoring.~~

#### G. Performance Measures

- i. For all performance measures, the Division shall continue to work with ROSC and PDC in order to determine performance measures that will best represent a recovery-oriented system of care. Those measures shall be made available as soon as approved and communicated through ROSC, UBHC Directors, UBHC PDC and the UBHC Clinical Committee.
- ii. Mental Health Performance Measures:



- a. The mental health scorecard ~~will~~ shall be used to measure performance. Monitoring reports for FY2018 ~~will~~ shall contain automatic findings resulting from any red scores, a yellow score ~~will~~ shall indicate need for further review and a green (or black) score ~~will~~ shall be reported as a positive outcome in the monitoring report.
  - c. For successful performance, the Local Mental Health Authorities ~~will~~ shall meet or exceed their previous year numbers, average, or percent (as applicable) for the following measures: Supported Employment; Percent Employed (full time, part time, or supported employment) divided by the number of clients in the workforce (full time, part time or supported employment and/or unemployed but seeking work); Enrolled/Attendance in School; Supported Housing; Clients Served; Unfunded Clients Served; Percent in Need Served; Percent in Need SPMI/SED Served and Clients Served in Jail/Justice Services. Providers are encouraged during FY2018 to focus on percent increase or decrease, during an annual reporting period, for the Mental Health National Outcome Measures (NOMs); (Clients Served, Employment, School Enrollment/Attendance, and Criminal Justice Involvement).
- iv. Substance Use Disorder Prevention Performance Measures:
- a. All prevention services entered in DSAMH approved data system accurately and within ~~60~~ 45 days of services. <https://utatr.witsweb.org/>
  - f. Number of coalitions that prioritize substance use related risk and protective factors (as found on [www.dsamh.utah.gov](http://www.dsamh.utah.gov)) in local substance abuse authority area.
  - g. Annually report to DSAMH actual number and costs of evidence based policy, programs and strategies. Note: FY2019, monthly invoices will include costs of evidence based policy, programs, and strategies.
- v. Recovery Support Performance Measures
- a. Recovery Capital Culture and Score: As this is an emerging field, Local Substance Abuse and Mental Health Centers may choose their own recovery support performance measure tool to report this score for recovery support services. Scores should be converted to a 100-point percentage score to be reported in the RS file as per the file specification.
    - 1. For FY2018, this will be required on Recovery Support clients only. Current tools under consideration include (not exhaustive): DLA-20, OQ Recovery Questions, RCI, WHODAS 2.0.
    - 2. FY2019 the selected tool may be expanded to the entire SUD population and/or mental health population in the context of expanding a culture of recovery capital.

3. FY2020 selected tools and data will be reviewed and discussed in collaboration with the UBHC ROSC Committee to help make decisions about identifying evidence based or evidence informed tools to help expand this performance measure.